



# Comprehensive Strategy for Lucas County Children & Families



Volume 2, Issue 1

January 2002

*Our Mission: Engaging the community in enacting the Comprehensive Strategy initiatives through education, promoting collaboration, and providing resources for planning.*

**THIS MONTH'S RISK FACTOR FOCUS: *Early Initiation of the Problem Behavior***

## 'Other Drug' Use

**Jay Salvage, Executive Director, ADAS Board of Lucas County**

It is estimated that about 15 percent of our country's population have an alcohol or other drug use problem. The primary drug of abuse is alcohol, but about five percent of the population has a dependency on the "other drugs." What are these other drugs? They include: 1) *narcotics* (heroin, morphine, and products such as Dilaudid and Demerol); 2) *depressants* (barbiturates such as Seconal and Phenobarbital, and benzodiazepines such as Librium, Xanax and Valium); 3) *stimulants* (cocaine, amphetamine/methamphetamine, and Ritalin); 4) *cannabis* (marijuana and hashish); 5) *hallucinogens* (LSD, mescaline and peyote, amphetamine variants such as MDMA (Ecstasy) and PCP), and 6) *anabolic steroids* (U.S. Department of Justice, Drug Enforcement Administration). There are also other substances of abuse that might not ordinarily be considered to be drugs - inhalants and solvents (gasoline, paint thinner, glue and White Out), when used as intended, and naturally occurring plants such as mushrooms.

Illicit drugs are taken orally, smoked or injected. The level of physical and psychological dependence associated with each varies by substance and the individual using it. The development of tolerance (the need for more of the drug over time to achieve the same effect) and withdrawal consequences following dependence accompanies the use of almost all these drugs. Use of these substances results in a variety of effects on the mind and body. Most are used specifically for their mood-altering effects.

Lucas County youth use illicit drugs. By far, their primary non-alcohol drug of abuse is marijuana. The 2000 ADAS Student Survey revealed 42.6% of Lucas County high school seniors had used marijuana in the past year, while 34.7% of tenth graders and 13% of eighth graders had also used this drug. The use of other illicit drugs is not so widespread. In 2000, cocaine use was reported by 5.1% of seniors; 2.4% of tenth graders, and 1.7% of eighth graders. Inhalants (historically used quite heavily by Lucas County youth) were used by 5.4% of seniors; 6.6% of tenth graders and 9.5% of eighth graders. Other substances including heroin, amphetamines and LSD were also reported used, at varying levels.

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## OUR VISION

*Lucas County will be a community...*

- ☐ That supports parents in caring for their children.
- ☐ Where families set their own goals and provide a loving, nurturing, supportive and safe environment.
- ☐ Where parents are the primary service specialists for their children and will provide opportunities for their growth.
- ☐ Where the community will support parents with the necessary assistance for the care and nurturing of their children.



## SPOTLIGHT

*on*

*programs addressing  
Early Initiation of*

***Problem Behaviors:***

- ADAS Student Survey - *page 2*
- Lucas County Health Needs Assessment - *page 2*
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## ADAS Student Survey

For the past decade, a survey of alcohol, tobacco, and other drug use has been given to students from grades 5 through 12 in the Toledo area. The survey is a collaborative effort between school officials, law enforcement, the Lucas County Alcohol and Drug Addiction Services Board, and, of course, the students who completed the survey.

Students are asked if they use alcohol, tobacco and other drugs; how often they use, and when and where they use these substances. Students are also asked about their involvement in activities such as work and sports, civic and religious participation, and also about going to parties with friends where alcohol is available.

The results of the survey are shared with school administrators and faculty who use the information to develop curriculum, to tailor their prevention and intervention efforts in a more efficient manner, to obtain grant money, and to track the patterns of substance use among their student population.

At the Community Partnership, we have had the opportunity to study patterns of substance use in Toledo. We have also tried to identify the kinds of things that differentiate kids who use from those who do not and from those who use in a very harmful and problematic way. We have found that the problem of alcohol and other drug use is not really a school problem, even though most prevention and intervention programs seem to come out of the school systems. Instead, the problem seems much more of a community issue where active and cooperative community involvement must occur if the rates of adolescent substance use are to be reduced.

In February 2002, we will be administering the seventh bi-annual ADAS Student Survey, providing us with a 12-year trend of ATOD use among adolescents in the Toledo area. Results will be published in May/June.

**-Dr. Bill Ivoska, Ph.D., Owens Community College**

**For more information contact The Community Partnership at 419.866.3611**

## Lucas County Health Needs Assessments of Youth

Lucas County Family Council commissioned a youth health survey (of 12-18 year-olds) in Lucas County in 1999. This survey covered personal safety; weapons/violence; suicide; alcohol, tobacco and other drugs; sexual behavior; and diet, nutrition and physical activity. This youth health survey expanded on the scope of the ADAS Student Survey and surveyed out-of-school youth as well. This survey documented new findings for 12-18 year-olds, such as: 5% (about 2,000) were aware of an unlocked and loaded firearm in their home; 34% have had sexual intercourse and 22% of these youth used no birth control; and 25% were overweight. The ADAS Student Survey for the current school year added most of the unique questions from the youth health survey (except sex-related questions). This offers a more comprehensive assessment of Lucas County students' health.

The Toledo-Lucas County Health Department conducted a parents survey in 2000, asking parents about the health of their younger children (under age 12) and perceptions about health practices of older children (age 12-18). A key finding was that parents greatly *overestimate* the level of risk factors, and are worried about risk factors, but they greatly *underestimate* the likelihood of their own teen engaging in risks. Still, half of parents would like more information on discussing these risk factors with their teen.

**- Dan Rutt, Toledo-Lucas County Health Dept.**

**For copies of the survey results, or for more information, contact Dan at 419.213.4120; rutt@co.lucas.oh.us**

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## Project Alert

Project ALERT is a fourteen-lesson program designed to prevent or curb drug use initiation and the transition to regular use. It focuses on the substances that adolescents use first and most widely: alcohol, tobacco, marijuana and inhalants.

Project ALERT uses participatory activities and videos to help students establish non-drug norms, develop reasons not to use and to resist pro-drug pressures. Guided classroom discussions and small group activities stimulate peer interaction and challenge students, while intensive role-playing encourages students to practice and master resistance skills. Parent-involved homework assignments extend the learning process.

The program consists of eleven lesson-hours in sev-

enth grade; three booster lesson-hours in eighth grade, and an additional, cessation-focused three lesson-hours in high school.

In multi-year, multi-site tests, Project ALERT has been found to curb or forestall cigarette and marijuana use among seventh and eighth grade students. It is equally effective in schools with low or high proportions of minority students and in a variety of socioeconomic settings. It reduces drug use by both low and high-risk students. The Project ALERT curriculum has been implemented in most of the 50 states. Locally, Toledo Public Schools and Oregon City Schools utilize the Project ALERT program.

**-from <http://www.projectalert.best.org/>**

# Blueprints Model Program:



## Life Skills Training

The results of over a dozen studies consistently show that the Life Skills Training (LST) program dramatically reduces tobacco, alcohol and marijuana use. These studies further show that the program works with a diverse range of adolescents, produces results that are long-lasting, and is effective when taught by teachers, peer leaders or health professionals.

LST is a primary intervention that targets all middle/junior high school students (initial intervention in grades six or seven, depending on the school structure, with booster sessions in the two subsequent years).

LST is a three-year intervention designed to prevent or reduce gateway drug use (i.e., tobacco, alcohol and marijuana), primarily implemented in school classrooms by school teachers. The program is delivered in 15 sessions in year one; 10 sessions in year two, and five sessions in year three. The 45 minutes sessions can be delivered once a week or as an intensive mini-course. The program consists of three major components which teach students:

- 1) general self-management skills;
- 2) social skills, and
- 3) information and skills specifically related to drug use.

Skills are taught using training techniques such as instruction, demonstration, feedback, reinforcement and practice.

Using outcomes averaged across more than a dozen studies conducted with LST, it has been found to cut tobacco, alcohol and marijuana use by 50-75%. Long-term follow-up results observed six years following the intervention show that Life Skills Training cuts polydrug use up to 66%; reduces pack-a-day smoking by 25%, and decreases use of inhalants, narcotics and hallucinogens.

LST can be implemented at a cost of approximately \$7 per student per year (curriculum materials averaged over the three-year period). This does not include the cost of training, which is a minimum of \$2,000 per day for one or two days.

In Lucas County, the Anthony Wayne School District and the Diocese schools utilize Life Skills Training in their classrooms. Perrysburg's PASA Prevention Partners also utilizes this curriculum.

- from [www.colorado.edu/cspv/blueprints](http://www.colorado.edu/cspv/blueprints)  
For more information, see [www.lifeskillstraining.com](http://www.lifeskillstraining.com)

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As with alcohol and marijuana, the level of use of most substances by most grades decreased at least slightly in 2000. The one notable exception to this decline is the use of Ecstasy and other designer drugs. The 2000 Survey showed a dramatic increase in the use of these drugs from eighth grade (under 2%) to twelfth grade (10%). These drugs apparently are not perceived to be as harmful as others.

There is a strong relationship between early tobacco and alcohol use and later illicit drug use. Adult dependence is associated heavily with the age at which a person begins to use alcohol and other drugs. This is the main focus of prevention programs that seek to delay the onset of use of these substances.

Prevention strategies focusing on both the individual and on the community as a whole must be developed, and coordinated with treatment services, in order to anticipate illicit drug use by youth and to initiate create, proven approaches for addressing this problem.



## Life Skills

• [www.lifeskills4kids.com](http://www.lifeskills4kids.com)

## Growing Up Drug Free

• [www.ed.gov/offices/OESE/SDFS/parents\\_guide/](http://www.ed.gov/offices/OESE/SDFS/parents_guide/)

## LOCAL RISK FACTORS

### *Favorable Parental Attitudes & Involvement in the Problem Behavior:*

#### • Indicators:

- ☐ Adult violent crime arrests
- ☐ Adult drug offense arrests

### *Friends Who Engage in the Problem Behavior:*

#### • Indicators:

- ☐ Alcohol use in 8<sup>th</sup>, 10<sup>th</sup> & 12<sup>th</sup> grades
- ☐ Marijuana use in 8<sup>th</sup>, 10<sup>th</sup> & 12<sup>th</sup> grades
- ☐ Cigarette use in 8<sup>th</sup>, 10<sup>th</sup> & 12<sup>th</sup> grades
- ☐ Cocaine use in 8<sup>th</sup>, 10<sup>th</sup> & 12<sup>th</sup> grades
- ☐ Teen pregnancy rates

### *Academic Failure Beginning in Elementary School:*

#### • Indicators:

- ☐ Drop-out rate
- ☐ Graduation rate
- ☐ Reading proficiency
- ☐ Math proficiency

### *Early Initiation to Problem Behavior:*

#### • Indicators:

- ☐ Alcohol use in early grades
- ☐ Marijuana use in early grades
- ☐ Cigarette use in early grades
- ☐ Cocaine use in early grades

### *Family Management Problems:*

#### • Indicators:

- ☐ Number of children in substitute care
- ☐ Incidences of substantiated child abuse or neglect

-based on local data gathered for the community report on *A Comprehensive Strategy for Lucas County Children & Families*, 1999

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*The Comprehensive Strategy for Lucas County Children & Families newsletter is a cooperative effort of many agencies throughout the county. For copies of the initial report or data CD, or to join the mailing list, contact The Community Partnership at 419.866.3611, 5902 Southwyck Blvd., Toledo, Ohio 43614 or e-mail [Cyndi@communityprevention.org](mailto:Cyndi@communityprevention.org). For specific Comp Strategy questions, call Kristen Kania at Lucas County Family Council, 419.213.6994, or e-mail [kkania@co.lucas.oh.us](mailto:kkania@co.lucas.oh.us)*

## OVERVIEW OF COMPREHENSIVE STRATEGY

Problem Behavior □ Noncriminal Misbehavior □ Delinquency □ Serious, Violent & Chronic Offending

### **Prevention**

**Target Population: At-Risk Youth**

### **Graduated Sanctions**

**Target Population: Delinquent Youth**

Programs for  
All Youth



Programs for Youth  
at Greatest Risk



Immediate  
Intervention



Intermediate  
Sanctions



Community  
Confinement



Training  
Schools



Aftercare

#### Youth Development Goals:

- Healthy and nurturing families
- Safe communities
- School attachment
- Prosocial peer relations
- Personal development and life skills
- Healthy lifestyle choices

#### Youth Habilitation Goals:

- Healthy family participation
- Community reintegration
- Educational success and skills development
- Healthy peer network development
- Prosocial values development
- Healthy lifestyle choices